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PTO/SB/05 (4/98)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

MSC-22953-3 Attorney Docket No. Robert L. Shuler, Jr. First Inventor or Application Identifier

Method and Apparatus for Reducing the Vulnerability of Latches to Single Event Upsel

(Only for new nonprovisional applications under 37 C.F.R § 1 53(b)) Express Mail Label No.

PATENT APPLICATION

TRANSMITTAL

EF775095669US

APPLICATION ELEMENT: See MPEP chapter 600 concerning utility pate		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents 1. X			
Continuation Divisional Prior application information: Exami For CONTINUATION or DIVISIONAL APPS onl under Box 4b, is considered a part of the discl reference. The incorporation can only be relied	y: The entire disclosure of the	of prior application No: 09	
	17. CORRESPOND	HINCH ADDRESS	
Customer Number or Bar Code Label 24,957	2 (Insert Customer No-ADEWILL)	4957 or ⊠ Correspondence additess below a correspondence additess below Ω	
Name NASA Johnson Space Coattn: Mail Code HA/Ha		5 200 S 200 JCWS	
Address 2101 NASA Road One			
City Houston	State	TX Zip Code 77058	
Country USA	Telephone	281-483-1003 Fax 281-244-8452	
Name (Print/Type) Hardie R. Barr	i R. Bar	Registration No. (Attorney/Agent) 31,480 Date 4./20/01	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231. (This Form Electronically Generated (9/98)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Daniel S. Goldin) Group Art
First Named Inventor:	Robert L. Shuler, Jr.) Unit:
Serial No.:)) `
Filed :	April 20, 2001)
For:	Method and Apparatus for Reducing the Vulnerability of Latches to Single Event Upsets)))

Letter

Commissioner of Patents and Trademarks Washington, D.C. 20231

Sir:

The enclosed application is being filed in accordance with Rules 1.10 and 1.53(b) in order to obtain a filing date of April 20, 2001. The application is being sent by Express Mail "Post Office to Addressee" under Certificate EF775095669US.

Respectfully submitted,

Hardie R, Barr, Reg. No. 31,480

Attorney for Applicant

Houston, Texas 77058

Telephone: 281-483-1003 or 281-483-4871

Datafax: 281-244-8452

I hereby certify that the attached application "Method and Apparatus for Reducing the Vulnerability of Latches to Single Event Upsets," is being deposited with the United States Postal Service on April 20, 2001, as Express Mail "Post Office to Addressee" under Certificate No. EF775095669US in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.

James M. Cate HAADIE R. BARK



Request for Filing a Continuation, Divisional or Continuation-in-Part Application Under 37 CFR 1.53(b)

		NASA Case No. M	SC-22953-3	
		Class	Subclass	
		Prior Application:		
		Examiner P. Dinl	1 Art Unit 2816	
THE COMMISSION Washington, DC 20	NER OF PATENTS AND TRADEMAR 0231	RKS		
Sir:				
This is a request fo of 37 CFR 1.53(d)	or filing a continuation, of prior application:	continuation-in-part, or X division	nal application under 37 CFR 1.53(b) of	
Serial No.: <u>09/5</u>	25,371 Confi	rmation No.:	Filed: <u>3/13/00</u>	
Entitled: <u>Meth</u>	nod and Apparatus for Reducing t	he Vulnerability of Latches to Sin	gle Event Upsets	
by the following na	med inventor(s):			
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
INVENTOR	Shuler, Jr.	Robert	L.	
DECIDENCE 0	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
RESIDENCE & CITIZENSHIP	Friendswood	Texas	U.S.A.	
MAILING	STREET NUMBER AND NAME	CITY	STATE AND ZIP CODE/COUNTRY	
ADDRESS	5238 Appleblossom	Friendswood	Texas 77546 U.S.A.	
FULL NAME OF NVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
ESIDENCE & CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
MAILING STREET NUMBER AND NAME		CITY	STATE AND ZIP CODE/COUNTRY	
FULL NAME OF NVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
MAILING ADDRESS	STREET NUMBER AND NAME	CITY	STATE AND ZIP CODE/COUNTRY	
		uding the specifications, claims, drawin	gs and declaration as originally filed.	
2. Cancel in of the prior a	this application original claim $\frac{1-7}{2}$ application before calculating the filing	nd 17-21 g fee. (At least one original independer	nt claim must be retained for filing	
	ary amendment is enclosed. (Claims next following the highest numbered o	•	properly numbered consecutively beginn	

The filing fee is calculated on the basis of claims existing in the prior application as amended at 2, above.

	W	CLAIN	IS		
FOR (1)		NUMBI	NUMBER		CALCULATIONS
		PAID FOR (2)	EXTRA (3)	(4)	(5)
TOTAL CLAIMS	25	20 =	5 *	\$18.00	\$90.00
INDEPENDENT CLAIMS	4	3 =	1 *	\$80.00	\$80.00
MULTIPLE DEPENDENT	CLAIMS (If ap)	olicable)			
BASIC FEE					\$710.00
				TOTAL =	\$880.00

X	4. The Commissioner is hereby authorized to charge any fees which may be required to effect only the filing of this application undo CFR 1.16 or credit any overpayment to Deposit Account No. 14-0116
	5. A new declaration is included (required for continuation or divisional application adding new inventor, and in continuation-in-part applications).
X	6. Amend the specification by inserting before the first line the following sentence: "This application is a ☒ division, ☐ continuation-in-part, or ☐ continuation of application Serial No. 09/525/371 , filed 03/13/2000 ."
	7. New formal drawings are enclosed.
	8. Non publication request and certification is enclosed (PTO/SB/35 or equivalent).
X	9. The prior application is assigned of record to: Government of the United States of America as represented by the Administrator, National Aeronautics & Space
×	10. The Power of Attorney in the prior application is to: a. Registered practitioners at Customer No.: 24957 b Registered practitioners listed below (Name and registration number):
	11. A Power of Attorney is enclosed.
Add	12. Also enclosed: Extra copy of this form; letter containing the Express Mailing Certificate & Form PTO/SB/05 ress all future communications to:
	a. Customer No.: 24957 b. Correspondence Address listed below (Name, address and telephone number).
6	(Signature - Attorney of Record) (Registration Number)